



PHYSICIAN AUTHORIZATION FORM

CANDIDATE PHYSICAL ABILITIES TEST (CPAT)



Your patient is a candidate for employment with the Howard County Department of Fire and Rescue Services and will be required to participate in the *Candidate Physical Abilities Test (CPAT)*. CPAT tests the candidate's ability to perform a series of eight (8) work behaviors or events that are critical to the performance of firefighting, as well as the candidate's aerobic and anaerobic capacities. These events are placed in a sequence representing the activities of a firefighter at a fire scene, and the candidate is required to perform the test while wearing a 50- pound vest that simulates the weight of the protective clothing and self-contained breathing apparatus worn by firefighters at a fire scene.

In order to successfully complete the test, the candidate will be required to complete all of the following events in the time period of **10 minutes and 20 seconds**:

1. **Stair Climb** → Weights totaling 25 pounds (in addition to the 50-pound vest worn for the duration of the test) will be added to simulate the effort required for carrying a high-rise pack or hose bundle to the upper floors of a multi-storied building.
2. **Hose Drag** → Simulates the effort required to extend and advance a hose line from fire apparatus.
3. **Equipment Carry** → Simulates the effort required to remove and carry power tools from fire apparatus to the emergency scene.
4. **Ladder Raise and Extension** → Simulates placing and extending a ground ladder to a window or roof.
5. **Forcible Entry** → Simulates the effort required to open a locked door or to breach a wall using physical force.
6. **Search** → Simulates the effort required to search for a fire victim with limited visibility in an unpredictable area.
7. **Rescue** → Simulates the effort required to remove a victim or injured partner from a fire scene.
8. **Ceiling Breach and Pull** → Simulates the effort required for breaching and pulling down a ceiling to check for fire extension.

Candidate's Name (please print legibly)

Date of Birth (dd/mm/yyyy)

CAN THIS PERSON SAFELY PERFORM THE CPAT AS DESCRIBED ABOVE?

☐ YES

☐ NO

Physician's Name (please print legibly)

Date

Stamp/Phone Number

Physician / Nurse Practitioner / Physician's Assistant Signature

Physicians ONLY may call 410-313-0511 for additional information regarding the CPAT.

(08/2020)